



Billings ADULT EDUCATION

Youth Application Packet

(16-18 years old)

1) GET EXIT LETTER:

- **Public School:** A letter on original school letterhead, signed by principal, with permission to pursue the HiSET. Letter needs to include an exit date. (*last day of attendance*)
- **Homeschool:** A notarized letter from parent with permission to pursue the HiSET. Letter needs to include an exit date. (*last day of attendance*)

2) WRITE ESSAY: Write a one page essay, on the next page or attach a separate sheet, stating why you would like to attend classes.

3) BRING completed application to Room 108 to visit with a counselor.

Counselors are available:

- Monday, Tuesday & Thursday: 7:30am – 3:30pm
- Friday: 8:00am-Noon

NAME _____ **PHONE** _____

DOB _____
Month Day Year

Thank you,
Jay Lemelin, Director

Please Note: Must have completed packet at time of TABE testing and know your social security number.

NAME: _____ DOB: _____ SSN: _____

Please write a one page essay that completes the following statement.

I wish to enroll at the Billings Adult Education Center because...



Montana
Office of Public Instruction
Elsie Arntzen, State Superintendent
opi.mt.gov

Consent to Release Personal Information

I, _____, a student age 18 or older, consent to the release of personally identifiable information from my student record.

OR

I, _____, the parent or guardian of _____, a student under the age of 18, consent to the release of personally identifiable information from the student record of my son/daughter.

Dependent on my identified goal, I understand that the student record includes my social security number, which may be released to the following:

- the Montana Department of Labor and Industry,
- a postsecondary institution identified by me, or
- the HiSET/Educational Testing Service (ETS)

I understand that the purpose of the release of my social security number is to assist the Montana Office of Public Instruction in obtaining and reporting information concerning the outcome of students as required by Section 212 of the Adult Education and Family Literacy Act.

I understand that the Montana Office of Public Instruction will share my personally identifiable information with the agency(ies) identified above, no other agency(ies) or individual(s) will have access to it, and the information will be destroyed when the report for which it was used is completed or when the information is no longer needed, whichever date comes first.

I understand that the report will contain information and statistics about the employment and further education or adult education students in Montana, and that no specific or personal information about me will appear in this report.

Signature of Student or Parent/Guardian

Date